Flat Rate Attorney's Fees, Costs, or Related Expenses Invoice/Voucher Cover – For Cases Appointed BEFORE July 1, 2007

Attorney Name _____

Firm Name _____

Florida Bar Number _____

Tax ID Number _____

Invoice Number _____

Charge _____

Case Number _____

Case Caption _____

County & Circuit _____ , _____

Case Type: ☐ Civil ☐ Criminal Conflict ☐ Dependency

Total Invoice Amount $

INVOICE INFORMATION:

Units of Service Billed (Per hour billings must use Hourly Attorney's Fees, Costs, or Related Expenses Voucher Cover)

Date __ / __ /____

	Unit Quantity		Unit Rate		Total
Flat Rate Attorney's Fee					$
Travel Expenses*					$
Postage/Courier Service*		X		=	$
Printing/Copying*					$
Telephone Charges*					$
Other _____					$
			TOTAL		$

*Must attach detailed log of charges (included in packet)

Affidavit Verifying Attorney's Fees, Costs or Related Expenses

I certify that my attorney's fees in the above entitled action for which I have billed the Justice Administrative Commission of the State of Florida are true, accurate, reasonable and necessary. I state that I have read s. 29.007, F.S., and have not recovered or attempted to recover, either for myself or for anyone else, from the State of Florida any funds for costs or expenses which were not true, accurate, reasonable and necessary in the preparation of the above entitled case. I state that this Affidavit is applicable to all invoices and certifications for fees, costs and expenses submitted by me to the Justice Administrative Commission at any time in the above entitled action. I affirm that I have not received payment from any other source in relation to the compensation in the above entitled action and I certify that the above transactions are in accordance with the Florida Statutes and all applicable laws and rules of the State of Florida.

Under penalties of perjury, I declare that I have read the foregoing Affidavit Verifying Attorney's Fees, Costs and Expenses and that the facts stated in it are true.

_____

Court-Appointed Attorney Signature (Blue Ink) Date

_____

Court-Appointed Attorney Printed Name

_____

Bar Number Telephone Number

JAC Date Stamp

IMPORTANT: Original Signatures required, JAC will not accept copies or facsimiles of this